

KRRC Rec Hall Request Form

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Membership status: _____

Rental date requested: _____

Expected time: _____

Intended use of the hall:

Rental fee enclosed: \$20/day

Damage Deposit enclosed: \$50 per use (separate check – will be destroyed if not used)

Membership fee enclosed: \$25 for family / \$10 for individual

Mail to: KRRC, P.O. Box 266, Knife River, MN 55609